

INFORMATION DISCLOSURE CITATION

(Use several sheets if necessary)

ATTY. DOCKET NO.
PD/4-32616A
APPLICATION NO.
10/523,750
APPLICANT
LEDERGERBER ET AL.
FILING DATE
FEBRUARY 8, 2005

Group



U.S. PATENT DOCUMENTS

EXAMINER INITIAL		DOCUMENT NUMBER	DATE	NAME	CLASS	SUBCLASS	FILING DATE
	AA						
	AB						
	AC						
	AD						
	AE						
	AF						
	AG						
	AH						
	AI						
	AJ						
	AK						
	AL						

FOREIGN PATENT DOCUMENTS

		DOCUMENT NUMBER	DATE	OFFICE	CLASS	SUBCLASS	TRANSLATION	
							YES	NO
	AM	01/76561	10/18/01	WO			<input type="checkbox"/>	<input type="checkbox"/>
	AN	99/27946	6/10/99	WO			<input type="checkbox"/>	<input type="checkbox"/>
	AO	95/32726	12/7/95	WO			<input type="checkbox"/>	<input type="checkbox"/>
	AP	00/00179	1/6/00	WO			<input type="checkbox"/>	<input type="checkbox"/>
	AQ	99/13900	3/25/99	WO			<input type="checkbox"/>	<input type="checkbox"/>

OTHER DOCUMENTS (Including Author, Title, Date, Pertinent pages, Etc.)

	AR	Pedersen G P et al. "Solid state characterisation of a dry emulsion: a potential drug delivery system.", International Journal of Pharmaceutics, vol. 171, no. 2, pp. 257-270, (1998).
	AS	
	AT	

EXAMINER

DATE CONSIDERED

*EXAMINER: Initial of reference considered, whether or not citation is in conformance with MPEP 609: Draw a line through citation if not in conformance and not considered. Include a copy of this form with the next communication to applicant.

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							YES	NO
	CA	0 556 394	8/25/93	EP			<input type="checkbox"/>	<input type="checkbox"/>
	CB	0 327 280	8/9/89	EP			<input type="checkbox"/>	<input type="checkbox"/>
	CC	198 19 273	11/11/99	DE			<input type="checkbox"/>	<input type="checkbox"/>
	CD						<input type="checkbox"/>	<input type="checkbox"/>
	CE						<input type="checkbox"/>	<input type="checkbox"/>
	CF						<input type="checkbox"/>	<input type="checkbox"/>
	CG						<input type="checkbox"/>	<input type="checkbox"/>
	CH						<input type="checkbox"/>	<input type="checkbox"/>
	CI						<input type="checkbox"/>	<input type="checkbox"/>
	CJ						<input type="checkbox"/>	<input type="checkbox"/>
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	CL						<input type="checkbox"/>	<input type="checkbox"/>
	CM						<input type="checkbox"/>	<input type="checkbox"/>
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	CO						<input type="checkbox"/>	<input type="checkbox"/>
	CP						<input type="checkbox"/>	<input type="checkbox"/>
	CQ						<input type="checkbox"/>	<input type="checkbox"/>
	CR						<input type="checkbox"/>	<input type="checkbox"/>
	CS						<input type="checkbox"/>	<input type="checkbox"/>
	CT						<input type="checkbox"/>	<input type="checkbox"/>
	CU						<input type="checkbox"/>	<input type="checkbox"/>
	CV						<input type="checkbox"/>	<input type="checkbox"/>
	CW						<input type="checkbox"/>	<input type="checkbox"/>
	CX						<input type="checkbox"/>	<input type="checkbox"/>
	CY						<input type="checkbox"/>	<input type="checkbox"/>
	CZ						<input type="checkbox"/>	<input type="checkbox"/>

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